

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

In re Hovbros Burlington LLC

Case No. 16-13892 (JNP)
Reporting Period: APRIL 2016

MONTHLY OPERATING REPORT

File with Court and submit copy to United States Trustee within 20 days after end of month

Submit copy of report to any official committee appointed in the case.

REQUIRED DOCUMENTS	Form No.	Document Attached	Explanation Attached
Schedule of Cash Receipts and Disbursements	MOR-1	X	
Bank Reconciliation (or copies of debtor's bank reconciliations)	MOR-1 (CONT)	X	X
Copies of bank statements			
Cash disbursements journals			
Statement of Operations	MOR-2	X	
Balance Sheet	MOR-3	X	
Status of Postpetition Taxes	MOR-4	X	
Copies of IRS Form 6123 or payment receipt			
Copies of tax returns filed during reporting period			
Summary of Unpaid Postpetition Debts	MOR-4	X	
Listing of aged accounts payable			
Accounts Receivable Reconciliation and Aging	MOR-5	X	
Debtor Questionnaire	MOR-5	X	

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the attached documents are true and correct to the best of my knowledge and belief.

Signature of Debtor

Date

5-20-16

Signature of Joint Debtor

Date

Signature of Authorized Individual*

Date

5-20-16

Robert W Haslam
Printed Name of Authorized Individual

V.P. Operation
Title of Authorized Individual

*Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

FORM MOR
(9/99)

In re HIOVBROS BURLINGTON LLC
Debtor

Case No. 16-13892 (JNP)
Reporting Period: APRIL 2016

SCHEDULE OF CASH RECEIPTS AND DISBURSEMENTS

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. The amounts reported in the "CURRENT MONTH - ACTUAL" column must equal the sum of the four bank account columns. The amounts reported in the "PROJECTED" columns should be taken from the SMALL BUSINESS INITIAL REPORT (FORM DR-1). Attach copies of the bank statements and the cash disbursements journal. The total disbursements listed in the disbursements journal must equal the total disbursements reported on this page. A bank reconciliation must be attached for each account. [See MOR-1 (CONT)]

	BANK ACCOUNTS				CURRENT MONTH		CUMULATIVE FILING TO DATE	
	OPER.	PAYROLL	TAX	OTHER	ACTUAL	PROJECTED	ACTUAL	PROJECTED
CASH BEGINNING OF MONTH	853.02				853.02	853.05	853.02	-3,289.49
RECEIPTS								
CASH SALES								
ACCOUNTS RECEIVABLE								
LOANS AND ADVANCES	3,899.51				450.00	3,768.51	3,899.51	11,410.55
SALE OF ASSETS								
OTHER (ATTACH LIST)	-95.52				-95.52		-95.52	
TRANSFERS (FROM DIP ACCTS)								
TOTAL RECEIPTS	3,803.99				354.48	3,768.51	3,803.99	11,410.55
DISBURSEMENTS								
NET PAYROLL								
PAYROLL TAXES								
SALES, USE, & OTHER TAXES								
INVENTORY PURCHASES								
SECURED RENTAL/LEASES	3,449.51						3,449.51	3,449.50
INSURANCE								
ADMINISTRATIVE	15.00				15.00	15.00	15.00	65.00
SELLING								
OTHER (ATTACH LIST)	742.50				742.50	4,508.56	742.50	4,508.56
OWNER DRAW *								
TRANSFERS (TO DIP ACCTS)								
PROFESSIONAL FEES								
U.S. TRUSTEE QUARTERLY FEES	325.00				325.00		325.00	
COURT COSTS								
TOTAL DISBURSEMENTS	4,532.01				1,082.50	4,521.56	4,532.01	8,021.06
NET CASH FLOW								
(RECEIPTS LESS DISBURSEMENTS)	-728.02				-728.02	-753.05	-728.02	3,389.49
CASH - END OF MONTH	125.00				125.00	100.00	125.00	100.00

* COMPENSATION TO SOLE PROPRIETORS FOR SERVICES RENDERED TO BANKRUPTCY ESTATE

THE FOLLOWING SECTION MUST BE COMPLETED

DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES: (FROM CURRENT MONTH ACTUAL COLUMN)	
TOTAL DISBURSEMENTS	325.00
LESS TRANSFERS TO DEBTOR IN POSSESSION ACCOUNTS	\$
PLUS ESTATE DISBURSEMENTS MADE BY OUTSIDE SOURCES (i.e. from escrow accounts)	\$
TOTAL DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES	325.00

FORM MOR-1
(9/99)

**US BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

In re HOVBROS BURLINGTON LLC
Debtor

Case No. _16-13892 (JNP)
Reporting Period: APRIL 2016

Explanation	Ending Bal
D.I.P. account opened in April	125.00
Original operating account could not be closed due to account being levied - balance in account has been reflected as a reduction to overall cash and now classified as restricted funds	95.52

Other use - Velez Landscaping \$401.25 / Maser Consulting \$341.25

In re HOVBROS BURLINGTON LLC
Debtor

Case No. 16-13892 (JNP)
Reporting Period: APRIL 2016

STATEMENT OF OPERATIONS
(Income Statement)

The Statement of Operations is to be prepared on an accrual basis. The accrual basis of accounting recognizes revenue when it is realized and expenses when they are incurred, regardless of when cash is actually received or paid.

REVENUES	Month	Cumulative Filing to Date
Gross Revenues	\$	\$
Less: Returns and Allowances		
Net Revenue	0.00	0.00
COST OF GOODS SOLD		
Beginning Inventory		
Add: Purchases		
Add: Cost of Labor		
Add: Other Costs (attach schedule)		
Less: Ending Inventory		
Cost of Goods Sold	0.00	0.00
Gross Profit	0.00	0.00
OPERATING EXPENSES		
Advertising		
Auto and Truck Expense		
Bad Debts		
Contributions		
Employee Benefits Programs		
Insider Compensation *		
Insurance		
Management Fees/Bonuses		
Office Expense		
Pension & Profit-Sharing Plans		
Repairs and Maintenance	219.00	876.00
Rent and Lease Expense		
Salaries/Commissions/Fees		
Supplies		
Taxes - Payroll		
Taxes - Real Estate		
Taxes - Other		
Travel and Entertainment		
Utilities		
Other (attach schedule)	843.63	858.63
Total Operating Expenses Before Depreciation	1,062.63	1,734.63
Depreciation/Depletion/Amortization	0.00	0.00
Net Profit (Loss) Before Other Income & Expenses	-1,062.63	-1,734.63
OTHER INCOME AND EXPENSES		
Other Income (attach schedule)		
Interest Expense		
Other Expense (attach schedule)		
Net Profit (Loss) Before Reorganization Items	-1,062.63	-1,734.63
REORGANIZATION ITEMS		
Professional Fees		
U. S. Trustee Quarterly Fees	0.00	325.00
Interest Earned on Accumulated Cash from Chapter 11 (see continuation sheet)		
Gain (Loss) from Sale of Equipment		
Other Reorganization Expenses (attach schedule)		
Total Reorganization Expenses	0.00	325.00
Income Taxes		
Net Profit (Loss)	-1,062.63	-2,059.63

*"Insider" is defined in 11 U.S.C. Section 101(31).

FORM MOR-2

(9/99)

In re HOVBROS BURLINGTON LLC
Debtor

Case No. 16-13892 (JNP)
Reporting Period: APRIL 2016

STATEMENT OF OPERATIONS - continuation sheet

BREAKDOWN OF "OTHER" CATEGORY	Month	Cumulative Filing to Date
Other Costs		
Other Operational Expenses		
Bank fees	0.00	15.00
Mortgage interest	843.63	843.63
Other Income		
Other Expenses		
Other Reorganization Expenses		

Reorganization Items - Interest Earned on Accumulated Cash from Chapter 11:

Interest earned on cash accumulated during the chapter 11 case, which would not have been earned but for the bankruptcy proceeding, should be reported as a reorganization item.

FORM MOR-2 (CONT)
(9/99)

In re HOVBROS BURLINGTON LLC
Debtor

Case No. 16-13892 (JNP)
Reporting Period: APRIL 2016

BALANCE SHEET

The Balance Sheet is to be completed on an accrual basis only. Pre-petition liabilities must be classified separately from postpetition obligations.

ASSETS	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
CURRENT ASSETS		
Unrestricted Cash and Equivalents	125.00	-3,339.48
Restricted Cash and Cash Equivalents (see continuation sheet)	26,699.52	26,604.00
Accounts Receivable (Net)	14,662,585.19	14,658,393.18
Notes Receivable		
Inventories		
Prepaid Expenses		
Professional Retainers		
Other Current Assets (attach schedule)		
TOTAL CURRENT ASSETS	14,589,409.71	14,681,657.70
PROPERTY AND EQUIPMENT		
Real Property and Improvements	6,614,673.40	6,603,360.36
Machinery and Equipment		
Furniture, Fixtures and Office Equipment	0.02	
Leasehold Improvements		
Vehicles		
Less Accumulated Depreciation		
TOTAL PROPERTY & EQUIPMENT	6,614,673.42	6,603,360.36
OTHER ASSETS		
Loans to Insiders*		
Other Assets (attach schedule)		
TOTAL OTHER ASSETS	0.00	0.00
TOTAL ASSETS	21,304,083.13	21,285,018.06

LIABILITIES AND OWNER EQUITY	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
LIABILITIES NOT SUBJECT TO COMPROMISE (Postpetition)		
Accounts Payable	14,229.04	
Taxes Payable (refer to FORM MOR-4)		
Wages Payable		
Notes Payable		
Rent / Leases - Building/Equipment		
Secured Debt / Adequate Protection Payments		
Professional Fees		
Amounts Due to Insiders*		
Other Postpetition Liabilities (attach schedule)	0.00	2,643.00
TOTAL POSTPETITION LIABILITIES	14,229.04	2,643.00
LIABILITIES SUBJECT TO COMPROMISE (Pre-Petition)		
Secured Debt	9,714,036.21	9,716,642.08
Priority Debt		
Unsecured Debt	595,071.03	595,071.03
TOTAL PRE-PETITION LIABILITIES	10,309,107.24	10,311,713.11
TOTAL LIABILITIES	10,323,336.28	10,314,356.11
OWNER EQUITY		
Capital Stock		
Additional Paid-in Capital		
Partners' Capital Account	10,973,927.99	10,973,927.97
Owner's Equity Account		
Retained Earnings - Pre-Petition	-2,663.02	-2,663.02
Retained Earnings - Postpetition	-2,059.63	
Adjustments to Owner Equity (attach schedule)		
Postpetition Contributions (Distributions) (Draws) (attach schedule)	11,541.51	
NET OWNER EQUITY	10,980,746.85	10,971,264.95
TOTAL LIABILITIES AND OWNERS' EQUITY	21,304,083.13	21,285,621.06

*"Insider" is defined in 11 U.S.C. Section 101(31)

FORM MOR-3
(9/99)

In re HOVBROS BURLINGTON LLC
Debtor

Case No. 16-13892 (JNP)
Reporting Period: APRIL 2016

STATUS OF POSTPETITION TAXES

The beginning tax liability should be the ending liability from the prior month or, if this is the first report, the amount should be zero.
Attach photocopies of IRS Form 6123 or payment receipt to verify payment or deposit of federal payroll taxes.
Attach photocopies of any tax returns filed during the reporting period.

	Beginning Tax Liability	Amount Withheld or Accrued	Amount Paid	Date Paid	Check No. or EFT	Ending Tax Liability
Federal						
Withholding						0.00
FICA-Employee						0.00
FICA-Employer						0.00
Unemployment						0.00
Income						0.00
Other:						0.00
Total Federal Taxes	0.00	0.00	0.00	0.00	0.00	0.00
State and Local						
Withholding						0.00
Sales						0.00
Excise						0.00
Unemployment						0.00
Real Property						0.00
Personal Property						0.00
Other:						0.00
Total State and Local	0.00	0.00	0.00	0.00	0.00	0.00
Total Taxes	0.00	0.00	0.00	0.00	0.00	0.00

SUMMARY OF UNPAID POSTPETITION DEBTS

Attach aged listing of accounts payable.

	Number of Days Past Due					Total
	Current	0-30	31-60	61-90	Over 90	
Accounts Payable	11,532.04	219.00		2,478.00		14,229.04
Wages Payable						0.00
Taxes Payable						0.00
Rent/Leases-Building						0.00
Rent/Leases-Equipment						0.00
Secured Debt/Adequate Protection Payments						0.00
Professional Fees						0.00
Amounts Due to Insiders*						0.00
Other:						0.00
Other:						0.00
Total Postpetition Debts	11,532.04	219.00	0.00	2,478.00	0.00	14,229.04

Explain how and when the Debtor intends to pay any past-due postpetition debts.

*"Insider" is defined in 11 U.S.C. Section 101(31).

FORM MOR-4
(9/99)

In re HOVBROS BURLINGTON LLC
Debtor

Case No. 16-13892 (JNP)
Reporting Period: APRIL 2016

ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Accounts Receivable Reconciliation	Amount
Total Accounts Receivable at the beginning of the reporting period	0
+ Amounts billed during the period	0
- Amounts collected during the period	0
Total Accounts Receivable at the end of the reporting period	0

Accounts Receivable Aging	Amount
0 - 30 days old	0
31 - 60 days old	0
61 - 90 days old	0
91+ days old	0
Total Accounts Receivable	0
Amount considered uncollectible (Bad Debt)	0
Accounts Receivable (Net)	0

DEBTOR QUESTIONNAIRE

Must be completed each month	Yes	No
1. Have any assets been sold or transferred outside the normal course of business this reporting period? If yes, provide an explanation below.		X
2. Have any funds been disbursed from any account other than a debtor in possession account this reporting period? If yes, provide an explanation below.	X	
3. Have all postpetition tax returns been timely filed? If no, provide an explanation below.	X	
4. Are workers compensation, general liability and other necessary insurance coverages in effect? If no, provide an explanation below.	X	

D.I.P. account was not opened until April. All checks that were issued in March were voided - 2 in March and one in April

BANK RECONCILIATION

MONTH: April-16

COMPANY: HOVBROS BURLINGTON

PREPARED BY: STACY

5/19/2016

General Ledger Beginning Balance: 853.02

Deposits: 3,449.51

Disbursements: -4,207.01

Prior Month's Adj Jes:

Prior Month's Adj Jes: 1/30/16 DEPOSIT ADJ JE 334720 - ADJ 3/3/16

Current Month Adjusting Entries:

GENERAL LEDGER ENDING BALANCE 95.52

Bank Fees: Maintenance Service Charge 3/31/16

Interest:

Prior Month Adjust

Adjusted General Ledger Ending Balance 95.52

Add: Outstanding Checks 0.00

Date	Amount	Check Number

Reconciled General Ledger Balance 95.52

Bank Ending Balance:

Sweep
 Operating 95.52
 Pivot
 Evergrn
 Cash

95.52

Adjustments to Bank Balance (Operating)

Bank Adjusted Balance 95.52

Reconciliation Difference 0.00



P.O. Box 40
601 Delsea Dr.
Sewell, NJ 08080

RETURN SERVICE REQUESTED

HOVBROS BURLINGTON LLC
900 BIRCHFIELD DR
MOUNT LAUREL NJ 08054-4017

Statement Ending 04/30/2016

Page 1 of 4

Managing Your Accounts

	Phone Number	1.866:PARKEBK (727.5325)
	Mailing Address	P.O. Box 40 601 Delsea Dr. Sewell, NJ 08080
	Online Access	www.parkebank.com

Welcome to Our New Statement Format

You spoke and we heard you! In response to customer feedback we have improved our statements:

- Account Numbers are now masked for security.
- Business Account History now lists credits and debits separately for easy reconciliation.

This new format allows us to provide you with enhanced information to help you manage your finances. Please feel free to contact us if you have any questions.

Summary of Accounts

Account Type	Account Number	Ending Balance
Parke Business	XXXXXXXX1922	\$95.52

Parke Business - XXXXXXXX1922

Parke Business Checking

Account Summary

Date	Description	Amount
04/01/2016	Beginning Balance	\$4,287.53
	2 Credit(s) This Period	\$401.25
	3 Debit(s) This Period	\$4,593.26
04/30/2016	Ending Balance	\$95.52

Other Debits

Date	Description	Amount
04/05/2016	Withdrawal Internet Transfer to 9000399984 CK	\$4,192.01
04/12/2016	Insufficient Funds Charge CK # 2148 (Returned)	\$30.00
04/14/2016	Reversed Returned Insuff Fee	\$30.00

Checks Cleared

Check Nbr	Date	Amount
2148	04/12/2016	\$401.25

* Indicates skipped check number



For your convenience this form is provided to help you verify your balance on this statement. Please report any errors promptly.

1. Ending BALANCE shown on this Statement	\$ _____
ADD	
Deposits not shown on Statement	_____
	\$ _____
Sub Total	\$ _____
SUBTRACT	
Checks Outstanding	\$ _____
SUBTRACT	
ATM withdrawals and automatic payments not shown on statement	_____
	\$ _____
Total 1	
	\$ _____
2. Check Book Balance	\$ _____
SUBTRACT	
Charges, if any	\$ _____
	\$ _____
Sub Total	\$ _____
ADD	
Earnings Paid	\$ _____
	\$ _____
Total 2	_____
Total 1 should equal Total 2	

Finance Charges are calculated by applying the appropriate Daily Periodic Rate as disclosed on the face of this statement to each Actual Daily Balance. The finance charge for the billing cycle is the sum of the finance charges for each of the days in that billing cycle.



Statement Ending 04/30/2016

Page 3 of 4

Parke Business - XXXXXXXX1922 (continued)

Parke Business Checking

Overdraft and Returned Item Fees

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Statement Ending 04/30/2016

Page 4 of 4

Thank you for allowing us to earn your business.

HOVBROS BURLINGTON LLC - D.I.P. - 16-13892 (JNP)

General Ledger for a Specific Account

1/1/2016 to 4/30/2016

GL ACCOUNT: 100108 PARKE BANK

Date	Reference	Posting Remarks	Debit	Credit	Cost/Cnt	Vendor	Invoice	CHK#	Sect	House	Cost/Code
3/4/2016	334774	CR FUNDING - CLAYTON URBAN CK. 2489 -	\$3,450.00								
3/29/2016	335575	CK CHECK PROCESSING OF WOPD - CHECK PROCESSING		\$4,192.01							
3/29/2016	335511	VO Void of Check Number 002146 - Void of Check Number 002146	\$401.25		058945	VELEZ LAWN SERVICE	W007878				
3/29/2016	335510	VO Void of Check Number 002147 - Void of Check Number 002147	\$341.25		002000	MASER CONSULTING,	W007862				
3/31/2016	335581	CR FUNDING CHECK RUN 3-29/16 - CLAYTON URBAN CK. 2527 -	\$4,192.01								
		Total for the Month:	\$8,384.51	\$4,192.01							
4/5/2016	335971	JE REFUND - FUNDING OF CK RUN 3/28/16 -		\$4,192.01							
4/5/2016	335922	VO Void of Check Number 002146 - Void of Check Number 002146	\$3,449.51		001246	DAVID P. & ANN CECC	W007843				
4/8/2016	336113	JE MAINTENANCE SVC CHG 3/31/16 -		\$15.00							
		Total for the Month:	\$3,449.51	\$4,207.01							
			\$11,834.02	\$8,398.02							
		Ending Balance for the Period									\$3,435.00

GL ACCOUNT: 100108-013 PARKE BANK

Date	Reference	Posting Remarks	Debit	Credit	Cost/Cnt	Vendor	Invoice	CHK#	Sect	House	Cost/Code
3/2/2016	336612	BAL Balances forward from 005 -		\$3,339.48							
		Total for the Month:	\$0.00	\$3,339.48							
			\$0.00	\$3,339.48							
		Ending Balance for the Period									(\$3,339.48)
			\$11,834.02	\$11,738.50							
		Account Balance									\$95.52

BANK RECONCILIATION

MONTH: April-16

COMPANY: HOVBROS BURLINGTON

PREPARED BY: SLP

5/16/2016

General Ledger Beginning Balance:

Deposits:

450.00

Disbursements:

-325.00

Prior Month's Adj Jes:

Prior Month's Adj Jes:

Current Month Adjusting Entries:

GENERAL LEDGER ENDING BALANCE

125.00

Bank Fees:

Interest:

Prior Month Adjust

Adjusted General Ledger Ending Balance

125.00

Add: Outstanding Checks

325.00

Date	Amount	Check Number
4/28/2016	325	2149

Reconciled General Ledger Balance

450.00

Bank Ending Balance:

Sweep

Operating

Pivot

Evergm

Cash

450.00

450.00

Adjustments to Bank Balance (Operating)

Bank Adjusted Balance

450.00

Reconciliation Difference

0.00



P.O. Box 40
601 Delsea Dr.
Sewell, NJ 08080

RETURN SERVICE REQUESTED

>000744 3938795 0001 092537 102

HOVBROS BURLINGTON LLC
DEBTOR IN POSSESSION
CASE #16-13892
900 BIRCHFIELD DR
MOUNT LAUREL NJ 08054-4017



Statement Ending 04/30/2016

Page 1 of 4

Managing Your Accounts

Phone Number 1 866 PARKEBK (727 5326)
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Summary of Accounts

Account Type	Account Number	Ending Balance
Parke Business	XXXXXXXX1838	\$450.00

Parke Business - XXXXXXXXX1838

Parke Business Checking

Account Summary

Date	Description	Amount
04/21/2016	Beginning Balance	\$0.00
	2 Credit(s) This Period	\$450.00
	0 Debit(s) This Period	\$0.00
04/30/2016	Ending Balance	\$450.00

Deposits

Date	Description	Amount
04/21/2016	Deposit Internet Transfer from 9000399984 CK	\$100.00
04/28/2016	Deposit Internet Transfer from 9000399984 CK	\$350.00



2000/1/100 555200 042100 54,874.6 444.00



Statement Ending 04/30/2016

Page 3 of 4



Parke Business - XXXXXXXX1838 (continued)

Parke Business Checking

Overdraft and Returned Item Fees

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

HOVBROS BURLINGTON LLC - D.I.P. - 16-13892 (JNP)

General Ledger for a Specific Account

1/1/2016 to 4/30/2016

GL ACCOUNT: 100112 PARKE BANK - D.I.P.

Date	Reference	Posting Remarks	Debit	Credit	CostCnt	Vendor	Invoice	CHK#	Sect	House	CostCode
4/21/2016	336788 JE	FUND NEW PARKE BANK D I P ACCOUNT VIA JSH, LLC TRANSFER -	\$100.00								
4/28/2016	336976 CK	CHECK PROCESSING OF WO/PO - CHECK PROCESSING	\$350.00	\$325.00							
4/28/2016	336980 CR	TRANSFER FUNDS FROM JSH, LLC TO #005 BURLINGTON D.I.P. 16-13892 (JNP) ACCOUNT -	\$450.00	\$325.00							
Total for the Month:			\$450.00	\$325.00							
Ending Balance for the Period											\$125.00
Account Balance			\$450.00	\$325.00							\$125.00

HOVBROS BURLINGTON LLC - D,I,P. - 16-13892 (JNP)

**Check Register
4/1/2016 to 4/30/2016**

Sub Co	Check#	Status	Check Date	Amount	Vendor	Paid To Order of	Bank	Manual	SRC
Cash Account 100112									
605	002149		4/28/2016	325.00	059053	U.S. TRUSTEE	A	<input type="checkbox"/>	C

Account Total: 325.00

Register Total: 325.00

VOIDS Total: 0.00

Net Paid: 325.00

Register Total: 325.00

VOIDS Total: 0.00

Net Paid: 325.00

A/P Aged Invoice Report

As of 04/30/2016

Vendor	Name	Invoice#	Inv Date	Due Date	Balance	Current	Due	30	60	90	120
Company: 605 HOVBROS BURLINGTON L DIP HOV BURLINGTON											
001222	BURLINGTON TWP	TX12701Q2-2016	5/1/2016	5/1/2016	319.86	319.86					
		TX12002Q2-2016	5/1/2016	5/1/2016	221.10	221.10					
		TX1200307Q2-2016	5/1/2016	5/1/2016	2,211.00	2,211.00					
		TX12301Q2-2016	5/1/2016	5/1/2016	44.22	44.22					
		TX12409Q2-2016	5/1/2016	5/1/2016	1,842.50	1,842.50					
		TX12410Q2-2016	5/1/2016	5/1/2016	28.00	28.00					
		TX1200209Q2-2016	5/1/2016	5/1/2016	958.10	958.10					
		TX124401Q2-2016	5/1/2016	5/1/2016	19.16	19.16					
		TX12415Q2-2016	5/1/2016	5/1/2016	5,159.00	5,159.00					
		TX12412Q2-2016	5/6/2016	5/6/2016	204.88	204.88					
Vendor Totals:					11,007.82						
						11,007.82					
007092	WESTAMPTON TOWNS	TX90201Q2-2016	5/1/2016	5/1/2016	94.30	94.30					
		TX90202Q2-2016	5/1/2016	5/1/2016	94.30	94.30					
		TX90203Q2-2016	5/1/2016	5/1/2016	94.30	94.30					
		TX90301Q2-2016	5/1/2016	5/1/2016	22.32	22.32					
Vendor Totals:					305.22						
						305.22					
058850	TOWNE CROSSING BU	7292MAR2016	1/20/2016	2/19/2016	2,478.00					2,478.00	
		MARCH 2016	3/1/2016	3/31/2016	219.00		219.00				
		7292APR2016	4/20/2016	5/20/2016	219.00	219.00					
Vendor Totals:					2,916.00		219.00			2,478.00	
						219.00					
Company Totals:					14,229.04		219.00			2,478.00	
Company: 605						11,532.04					



CERTIFICATE OF LIABILITY INSURANCE

JSHOV-6

OP ID: KD

DATE (MM/DD/YYYY)

04/21/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Martin Company 500 Jessup Road West Deptford, NJ 08088 Sam Martin		CONTACT NAME: PHONE (A/C No. Ext): 856-845-3636 FAX (A/C No): 856-845-9191 E-MAIL: ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Evanston Ins Co.	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED Hovbros Burlington, LLC
 900 Birchfield Drive
 Mt. Laurel, NJ 08054

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		3C41104	04/08/2016	04/08/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

US Bankruptcy Court

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
 Sam Martin

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